14 36/19

FORM D

Mell Freedrich 23 2008

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

OF SECURITIES

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | |
|--------------|----------------|------|--------|---|--|--|--|
| OMB Nur | nber: | 32 | 35-007 | 6 | | | |
| Expires: | May | 31.2 | 2008 | | | | |
| Estimated | यण् यां | जि स | rden | _ | | | |
| hours per | respon | se | 16.0 | 0 | | | |

| SEC USE ONLY | | | | | | | |
|---------------|---|--------|--|--|--|--|--|
| Predix | | Serial | | | | | |
| | | | | | | | |
| DATE RECEIVED | | | | | | | |
| | 1 | I | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|---|-----------|
| Trebal Fund I, LP | • |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment | J |
| A. BASIC IDENTIFICATION DATA JUN 2 6 2008 | |
| A. BASIC IDENTIFICATION DATA JUN 20 2000 | |
| 1. Enter the information requested about the issuer THOMSON RELITE | DS |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | .IVO |
| Trebal Fund I, LF | - |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) | |
| 160 Greentree Drive, Suite 101, Dover, Delaware, 19904 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | |
| Brief Description of Business | |
| Hedge Fund | |
| | T III TAN |
| Type of Business Organization corporation | |
| business trust limited partnership, to be formed | Hill Hith |
| Mosth Year 08051233 | |
| Actual or Estimated Date of Incorporation or Organization: [0][5] [0][8] Actual [Estimated | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | • |
| | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. | - |
| 77d(6). | _ |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is decaned filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on | 3 |
| which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. | |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. | Ē |
| Information Regulared: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes | 5 |
| thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. | , |
| Filing Fee: There is no federal filing fee. | |
| State: | d |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales | s |
| are to be or have been made. If a state requires the navment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall | lii. |
| accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of | f |
| this notice and must be completed. | _ |
| ATTENTION - Compared to the transfer Compared to the tra |] |
| Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice. |] |

| | | A. BASIC IDI | ENTIFICATION DATA | | |
|--|---------------------|------------------------------|------------------------------|---------------------|--|
| . Enter the information rec | prested for the fol | lowing: | | | |
| | | ner has been organized w | | | |
| Each beneficial own | er baving the pow | er to vote or dispose, or di | rect the vote or disposition | of, 10% or more of | a class of equity securities of the is |
| Each executive office | cer and director of | corporate issuers and of | corporate general and man | naging partners of | partnership issuers; and |
| Each general and m | anaging partner o | F partnership issuers. | | | |
| Sheck Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if Trebal Capital, LLC | f individual) | | | | |
| Business or Residence Addres 601 South Curley Street, | | | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| full Name (Last name first, if Fannon, William R. Jr. | f individual) | | | | |
| Business or Residence Address 01 South Curley Street, E | | - | Code) | | |
| Check Box(cs) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Huang, Dr. Chun Yi | f individual) | | <u> </u> | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | Code) | <u></u> | |
| 01 South Curley Street, | Baltimore, Mary | land, 21224 | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | <u>"</u> | | |
| Cheong, Dr. lan | Ob-shee 4 | Samuel City State 7in C | 'ade) | | |
| Business or Residence Addre 601 South Curley Street, | • | • • | ana, | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip (| Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | <u></u> | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip (| Code) | | |
| | (Use bl | ank sheet, or copy and us | se additional copies of this | sheet, as necessary | /) |

| ٨ | | | | | | | | | | | | |
|---------------------|---|------------------------------|---|---------------|----------------|-----------------|------------------------------|--------------|--------------------------|--------------|-------------|-------------------|
| | | | | B. IN | FORMATI | ON ABOUT | OFFERI | (G | | | | |
| | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | Yes | No | |
| Has the | issuer sold | , or does th | | | | | | | | | X | |
| | | | Ansv | wer also in | Appendix, | Column 2 | , if filing u | inder ULO | Е. | | | |
| What is | the minim | um investm | ent that w | ill be accep | ted from a | ny individ | nal? | | | | \$50,000.00 | |
| | | | | | | | | | | | Yes | No |
| . Does th | e offering | permit joint | ownership | of a singl | le unit? | | | | | | ¥ | |
| . Enter th | e informat | ion request | ed for eacl | h person w | ho has bee | n or will b | e paid or g | iven, direc | atly or indi | rectly, any | | |
| commis | sion or sim | lar remuner | ration for s | olicitation - | of purchase | rs in conne | ction with: | sales of sec | urities în t | ic offering. | | |
| If a pers | on to be lis | ted is an ass me of the b | ociated per | rson or age | nt of a brok | er or dealer | r registered e to be liet | with the S | EU and/or cisted ners | ons of such | | |
| a broke | s, asi uic na r or dealer. | you may s | t forth the | informati | on for that | broker or o | icaicr only | | omno pero | | | |
| | | first, if indi | | | | | | | • | <u>.</u> | | |
| WA | taist nume | mse, n men | *************************************** | | | | | | | | | |
| usiness or | Residence | Address (N | umber and | Street, Ci | ty, State, Z | ip Code) | | | | | | |
| /A | | | | | -27 | . , | | | | | | |
| | sociated Br | oker or De | aler | | | | | | | | | |
| /A | | | | | | | | | | | | |
| tates in Wi | nich Person | Listed Has | Solicited | or Intends | to Solicit I | urchasers | | | | | | |
| (Check | "All States | or check | individual | States) | | | ····· | | | | □ Ali | States |
| , | | | | | | | | | | race. | r | (,= , |
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| IL | <u> EZ</u> | ĪA | KS | KY | LA | MÉ | MD | MA | [MI] | MN | MS | MO |
| MT | NE | NV | NH | (IN | NM | NY | NC | ND | OH) | OK. | OR | PA |
| RI | <u>sc</u> | SD | TN | [TX] | UT | VT | VA | WA | (WV) | WI | WY | PR |
| N/A | | first, if indi | | d Street, C | ity, State, i | Zip Code) | | | | | | |
| N/A | | • | | | | | | | | | | |
| lame of As | sociated B | oker or De | aler | | | | | | | | | |
| N/A | | | | | | | | | | | | |
| | | Listed Has | | | | | | | | | | |
| (Check | "All State: | s" or check | individual | States) | . | | | | | | □ AI | l States |
| (T-1 | क्षित्र | (Ta) | ্রেনা | (CA) | (CZ) | (ਨਿਜ <u>਼</u> ੀ | हिंही | (DC) | FĪ. | GA | H | (ID) |
| AL | AK | AZ | AR | CA [PV] | CO | CT ME | DE MD | MA | MI | MN | MS | MO |
| | <u>[M]</u> | | KS | KY N | LA | NY | NC | ND | OH | ŌK. | OR | PA |
| MT | NE COO | NV | NH | TX. | NM UT | VT | VA | WA | WV) | WI | WY | PR |
| RI | SC | SD | IN | ПУ | [01] | ريب | (3.21 | (4.4.1) | | | | |
| ull Name (/A | Last name | first, if ind | ividual) | | | | _ | . | | | | |
| Business of | r Residence | Address (| Number an | d Street, C | ity, State, | Zip Code) | | | | | | |
| N/A | | | | | | | | | | | | |
| | sociated B | roker or De | alcr | | | | | | | | | |
| WA | hich Perce | Listed Ha | s Solicited | or Intende | to Solicit | Purchasers | <u>.</u> | | | | | |
| | | s" or check | | | | | | | | | □ Al | l States |
| / 7.4 -1 | (ATP) | القرسا | (TEI | CA | CO | [CT] | DE | DC | FL | GA | HI | ID |
| <u>Λ</u> L | | AZ | (VE) | CA (EV) | | ME | MD | MA | MI | MN | MS | MO |
| | <u>[M]</u> | [A] | (KS) | KY) | [[A] | ME NY | NC | ND | OH | OK | OR | PA |
| MT | NE. | NV | NH | NJ TEV | <u>NM</u> | | | WA | (WV) | WI | WY | PR |
| RI | [SC] | SD | TN | TX | <u>UT</u> | [VT] | VA | WA | W V | - A 1 | [44 1] | لحدي |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| ١. | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and | [| • |
|----|--|-----------------------------|--------------------------------------|
| | already exchanged. Type of Security | Aggregate Offering Price | Amount Already Sold |
| | | s 0.00 | s 0.00 |
| | Debt | \$ 0.00 | s 0.00 |
| | Equity | 3 | |
| | Common Preferred | s 0.00 | 00.0 |
| | Convertible Securities (including warrants) | · - | \$ 0.00 |
| | Partnership Interests | \$ 0.00 | \$ 0.00 |
| | One (specify | \$ 0.00 | \$ 0.00 |
| | Total | . \$ | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | C | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | . 0 | \$ 0.00 |
| | Non-accredited Investors | . 0 | \$ 0.00 |
| | Total (for filings under Rule 504 only) | . <u>0</u> | s_0.00 |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | as ac | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$_0.00 |
| | Regulation A | . 0 | s_0.00 |
| | Rule 504 | _ | \$_0.00 |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. | ic r. | |
| | Transfer Agent's Fees | [| s |
| | Printing and Engraving Costs | | \$ 0.00 |
| | Legal Fees | • | \$ 0.00 |
| | Accounting Fees | | \$ 0.00 |
| | Engineering Fees | | \$ 0.00 |
| | Sales Commissions (specify finders' fees separately) | | \$ 0.00 |
| | Other Expenses (identify) | | \$ 0.00 |
| | Total | 4 | \$ 0.00 |
| | | | |

| | C. OFFERING PRICE, NUM | BER OF INVESTORS, EXPENSES AND USE OF P | ROCEEDS | |
|------------|---|--|--|---|
| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." | Question 4.a. This difference is the "adjusted gross | | s |
| 5 . | Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | \$ 0.00 | <u>\$_0.00</u> |
| | Purchase of real estate | | \$ 0.00 | \$ 0.00 |
| | Purchase, rental or leasing and installation of made and equipment | | s 0.00 | |
| | Construction or leasing of plant buildings and fac | ilitics[| s <u>0.00</u> | □ \$ 0.00 |
| | Acquisition of other businesses (including the val offering that may be used in exchange for the assissuer pursuant to a merger) | ue of securities involved in this | | □ s 0.00 |
| | Repayment of indebtedness | | s 0.00 | \$_0.00 |
| | Working capital | | \$ 0.00 | \$_0.00 |
| | Other (specify): | | s 0.00 | □\$ 0.00 |
| | | | \$_0.00 | ss |
| | Column Totals | | | \$_0.00 |
| | Total Payments Listed (column totals added) | | □\$ <u>.</u> 0 | .00 |
| Γ | | D. FEDERAL SIGNATURE | | |
| cia | e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc | mish to the U.S. Securities and Exchange Commis | ssion, upon writt | ule 505, the following en request of its staff |
| Īs | uer (Print or Type) | Signature | Date | |
| T | rebal Fund I, LP | Hannah Jerhine Sg- | May 9, 2008 | |
| N | me of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Ha | nnah M. Terhune, Esquire | Attorney for Trebel Fund I, LP | • | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| - | | | | | |
|----------|--|--|--|-------------------|----------------------------|
| | | E. STATE SIGNATURE | | | |
| , 1. | Is any party described in 17 CFR 230.262 pre- provisions of such rule? | esently subject to any of the disqualification | - | 'es [] | No K |
| | See A | Appendix, Column 5, for state response. | | | |
| 2. | The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required | nnish to any state administrator of any state in w d by state law. | hich this notice is file | d a not | ice on Form |
| 3. | The undersigned issuer hereby undertakes to issuer to offerees. | furnish to the state administrators, upon written | n request, information | o furni | shed by the |
| 4. | The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the st of this exemption has the burden of establish | suer is familiar with the conditions that must be ate in which this notice is filed and understands ing that these conditions have been satisfied. | satisfied to be entitl that the issuer claimi | ed to t ng the | he Uniform availability |
| | ner has read this notification and knows the conte thorized person. | ents to be true and has duly caused this notice to b | e signed on its behalf l | by the t | undersigned |
| Issuer (| Print or Typc) | Signature | Date | | |
| Trebal | Fund I, LP | Hannah Terhunt 7259. | May 9, 2008 | | |
| Name (| Print or Typc) | Title (Print or Type) | | | |

Attorney for Trebel Fund I, LP

Hannah M. Terhune, Esquire

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| <u>e </u> | | | | AP | PENDIX | | | | |
|---|----------|--|--|--|--------|--|----------------------------------|--|----|
| 1 | to non-a | to sell ccredited s in State -liem 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | under Sta (if yes, explana | ification te ULOE attach ation of granted) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | × | | Rule 506/unlimited | | | | <u>.</u> | | × |
| AK | × | | Rule 506/unlimited | | | , | | | × |
| ΑZ | × | | Rule 506/unlimited | | | | | | × |
| AR | × | | Rule 506/untimited | | | | | | × |
| CA | × | | Rule506/unlimited | | | | | | × |
| со | × | | Rule 506/unlimited | | | | | | K |
| СТ | × | | Rule 506/untimited | | | | | | × |
| DE | × | | Rule 506/unlimited | | | | | <u> </u> | × |
| DC | × | | Rule 506unlimited | | | | | | × |
| FL | × | 1 | Rule 506unlimited | | | | ··· | | × |
| GA | × | | Rule 506/unlimited | | | | | <u> </u> | × |
| н | × | | Rule 506/unlimited | | | | | <u> </u> | × |
| ID | × | | Rule 506/unlimited | | | | | | × |
| IL | × | | Rule 506/unlimited | | | | | | × |
| IN | × | | Rule 506/unlimited | | | | | | × |
| IA | × | | Rule 506/unlimited | | | | | | × |
| KS | × | | Rule 506/unlimited | | | | | | × |
| KY | × | | Rule 506/unlimited | | | | | | × |
| LA | × | | Rule 506/unlimited | | | | | | × |
| ME | × | | Rule 506/unlimited | | | | | | × |
| MD | × | | Rule 506/unlimited | | | | | | × |
| MA | × | | Rule 506/unlimited | | | | | | × |
| MI | × | | Rule 506/unlimited | | | | | <u> </u> | × |
| MN | × | | Rule 506/unlimited | | | | | | × |
| MS | × | | Rule 506/unlimited | | | | | | × |

4 2 3 1 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell explanation of Type of investor and offering price to non-accredited waiver granted) offered in state amount purchased in State investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount State Yes No Investors Amount Rule 506/unlimited X X MO × Rule 506/unlimited MT × Rute 506/unlimited X NE X × Rule 506/unlimited ΝV X X Rule 506/unlimited NH × x NJ Rule 506/unlimited x × NM X Rule 506/unlimited X Rule 506/untimited NY X Rule 506/untimited × NC × × Rule 506/unlimited ND × X Rule 506/unlimited OH X Rule 506/untimited × × OK X × Rule 506/unlimited OR × Rule 506/untimited PA × Rule 506/unlimited X RI X × Rule 506/unlimited × SC X Rule 506/unlimited SD X x Rule 506/unlimited TN X x TXx Rule 506/unlimited × UT Rule 506/unlimited X x Rule 506/unlimited VT X × VA Rule 506/unlimited × X Rule 506/unlimited WA × X Rule 506/unlimited wv X × Rule 506/unlimited WI X

APPENDIX

| | | | | APPI | ENDIX | | | | |
|-------|---|----|--------------------|--|--------|--|--------|--|----|
| 1 | Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1) | | | Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOF (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | × | | Rule 506/untimited | | | | | | × |
| PR | × | | Rule 506/unlimited | | | | | | × |

